|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.N.** | **ACTIVITY** | **HAZARD** | **RISK (How employees are affected)** | **People at risk** | **RISK EVALUATION** | | **RISK LEVEL** | **IMPLEMENTED CONTROL MEASURES** | **RESIDUAL RISK** | | | **ACCEPT Y/N?** | **MEDICAL SURVIELLANCE**  **(YES/NO)** |
| **P** | **S** | **H/M/L** | **P** | **S** | **H/M/L** |
|  |  |  |  |  | 2 | 4 | 4 |  | 1 | 1 | 1 | Y |  |
|  |  |  |  |  | 2 | 4 | 4 |  | 1 | 1 | 1 | Y |  |
|  |  |  |  |  | 2 | 4 | 4 |  | 1 | 1 | 1 | Y |  |
|  |  |  |  |  | 2 | 4 | 4 |  | 1 | 1 | 1 | Y |  |
|  |  |  |  |  | 2 | 4 | 4 |  | 1 | 1 | 1 | Y |  |
|  |  |  |  |  | 2 | 4 | 4 |  | 1 | 1 | 1 | Y |  |

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | Date Conducted: | Date of Review: | be conducted at intervals not exceeding two years; |  Persons in danger |
| * Workers undertaking the work |
| * Persons passing the site location/ truck routes, e.g. members of the public and persons in the Vehicles. |
| Personal protective equipment |
| * Safety Helmet, Gum Boot, Proper Gloves & Safety Goggles |
| Information, instruction and training |
| * All personnel in the team are to be made aware of the safe systems of work. |
| * Ensure that good housekeeping standard is maintained throughout. * Training and experience for personnel to use electrical equipments and vibratory equipments. * Educate the personnel to handle chemicals such as concrete… |
| Emergency procedures |
| * Site emergency procedures should make provision for the rescue of individuals from heights. |
| * First-aid facilities should be available to cope with any significant injuries that may arise from the work. |
| Monitoring and review |
| * Work should be monitored by Foreman and charge hand who are trained to ensure that any additional precautions or equipment required are provided. |

**RISK ASSESSMENT COMMITTEE**: Project Manager/ Project Engineer

Safety Manager/ Safety Officer

**Reviewed by:** (Safety Officer) **Approved by:** (SHE Committee Chairperson)

**RISK MATRIX**

**Risk Rating (RR) – Severity x Likelihood**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **LIKELIHOOD**  **(PROBABILITY)**  **(P)**  **SEVERITY**  **(IMPACT)**  **(S)** | | **Rare**  Remote possibility (once every 3 years or more)  **1** | **Unlikely**  Could happen but rare (typically once in a year)  **2** | **Possible**  Could happen occasionally (on average quarterly)  **3** | **Likely**  Could happen often (on average once a month or more)  **4** | **Almost certain**  Could happen frequently (once a week or more)  **5** |
| **Insignificant** | **1** | **Low**  **1** | **Low**  **2** | **Low**  **3** | **Low**  **4** | **Medium**  **5** |
| **Minor** | **2** | **Low**  **2** | **Low**  **4** | **Medium**  **6** | **Medium**  **8** | **Medium**  **10** |
| **Moderate** | **3** | **Low**  **3** | **Medium**  **6** | **Medium**  **9** | **Medium**  **12** | **High**  **15** |
| **Significant** | **4** | **Low**  **4** | **Medium**  **8** | **Medium**  **12** | **High**  **16** | **High**  **20** |
| **Major** | **5** | **Medium**  **5** | **Medium**  **10** | **High**  **15** | **High**  **20** | **High**  **25** |

**RISK BASED CONTROL PLAN**

|  |  |
| --- | --- |
| **RISK LEVEL** | **ACTION AND TIMESCALE** |
| **1-4**  **Low** | Quick, easy controls should be implemented immediately and further action planned for when resources permit. Monitoring required ensuring controls are maintained. Manage through routine procedures. Go for economic improvements where possible. Incident report must be completed. |
| **5-12**  **Medium** | Aim to reduce risks but costs of prevention may be limited. Undertake a risk assessment of the situation / task and implement the appropriate actions. Actions should have a timescale and should be monitored. Where the risk involves work in progress undertake a risk assessment as soon as possible to ensure the safety of the situation or task. **Work should not start until the risk is reduced to an acceptable level.** Considerable resources may have to be allocated. Contact your Manager and Risk Manager by telephone about the actions that should be taken to reduce the risk/s. incident report must be completed. Incident must be added to service risk register. |
| **15-25**  **High** | **Do not commence the activity until** a risk assessment has been completed to ensure the safety of the situation or task. If it is not possible to reduce or eliminate the risk even with unlimited resources, work must remain prohibited. Inform your relevant Director, your Manager and the Risk Manager immediately by telephone. Incident report must be completed. Incident must be added to service risk register. |